

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90281 029 \*\*\*150.00

**DOCUMENT # 530094**

1. Corporation Name

**AVANTI INVESTMENTS, INC.**

Principal Place of Business  
**431 E. HORATIO AVE. STE.210  
MAITLAND FL 32751**

Mailing Address  
**431 E. HORATIO AVE. STE.210  
MAITLAND FL 32751**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/25/1977**

4. FEI Number

**59-1755956**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**SCHWARTZ, CHARLES  
431 E. HORATIO AVE  
#210  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, CHARLES	
STREET ADDRESS	431E HORATIO AVE. #210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LOUIS, LYNN	
STREET ADDRESS	431 E HORATIO AVE 210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PRALAT, M	
STREET ADDRESS	431E HORATIO AVE. #210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOEB, DONALD	
STREET ADDRESS	22 ST. CLAIR AVE E #1700.	
CITY-ST-ZIP	TORONTO, ONT., CANADA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHAPIRO, M	
STREET ADDRESS	431 E HORATIO AVE, 210	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	B.Sherman	
1.3 STREET ADDRESS	431 E. Horatio Ave., #210	
1.4 CITY-ST-ZIP	Maitland, Florida 32751	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)